



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123



CASE SUMMARY

PSU 08 CASE NO. 133A TYPE OF ACCIDENT Single car impact with tree-fatal

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

V1 was traveling NW, downhill on a two-way residential roadway, rounding a curve to the right. The driver suffered an incapacitating illness, and departed the left roadedge. Off the left roadedge, the front of V1 impacted a row of shrubbery with the front of V1. V1 passed through the shrub and continued down a sloped yard for several meters until the front left of V1 impacted a large pine tree. The tree uprooted, and V1 rotated counterclockwise and came to rest against the tree. The operator suffered fatal injuries.

B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	
01	Full size	92/Chrysler/New Yorker 5th Ave	Front	Severe	Glove compartment opened

DO NOT SANITIZE THIS FORM

C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
01	Driver	Front left	Deployed air bag w/lap/shoulder not used	HEART	LACERATION	3	AIRBAG (BROKEN RIBS)

Body Region

Abdomen
 Ankle—foot
 Arm (upper)
 Back-thoracolumbar spine
 Chest
 Elbow
 Face
 Forearm
 Head—skull
 Knee
 Leg (lower)
 Lower limbs(s) (whole or unknown part)
 Neck—cervical spine
 Pelvic—hip
 Shoulder
 Thigh
 Upper limb(s) (whole or unknown part)
 Whole body
 Wrist—hand

Brain
 Ears
 Eye
 Heart
 Kidneys
 Liver
 Mouth
 Noise
 Pulmonary—lungs
 Spleen
 Thyroid, other endocrine gland
 Vertebrae

Injury Type

Abrasion
 Amputation
 Avulsion
 Burn
 Concussion
 Contusion
 Crush
 Detachment, separation

Dislocation
 Fracture
 Fracture and dislocation
 Laceration
 Other
 Perforation, puncture
 Rupture
 Sprain
 Strain
 Total severance, transection
 Unknown

Abbreviated Injury Scale

(1) Minor injury
 (2) Moderate injury
 (3) Serious injury
 (4) Severe injury
 (5) Critical injury
 (6) Maximum (untreatable)
 (7) Injured, unknown severity

DO NOT SANITIZE THIS FORM

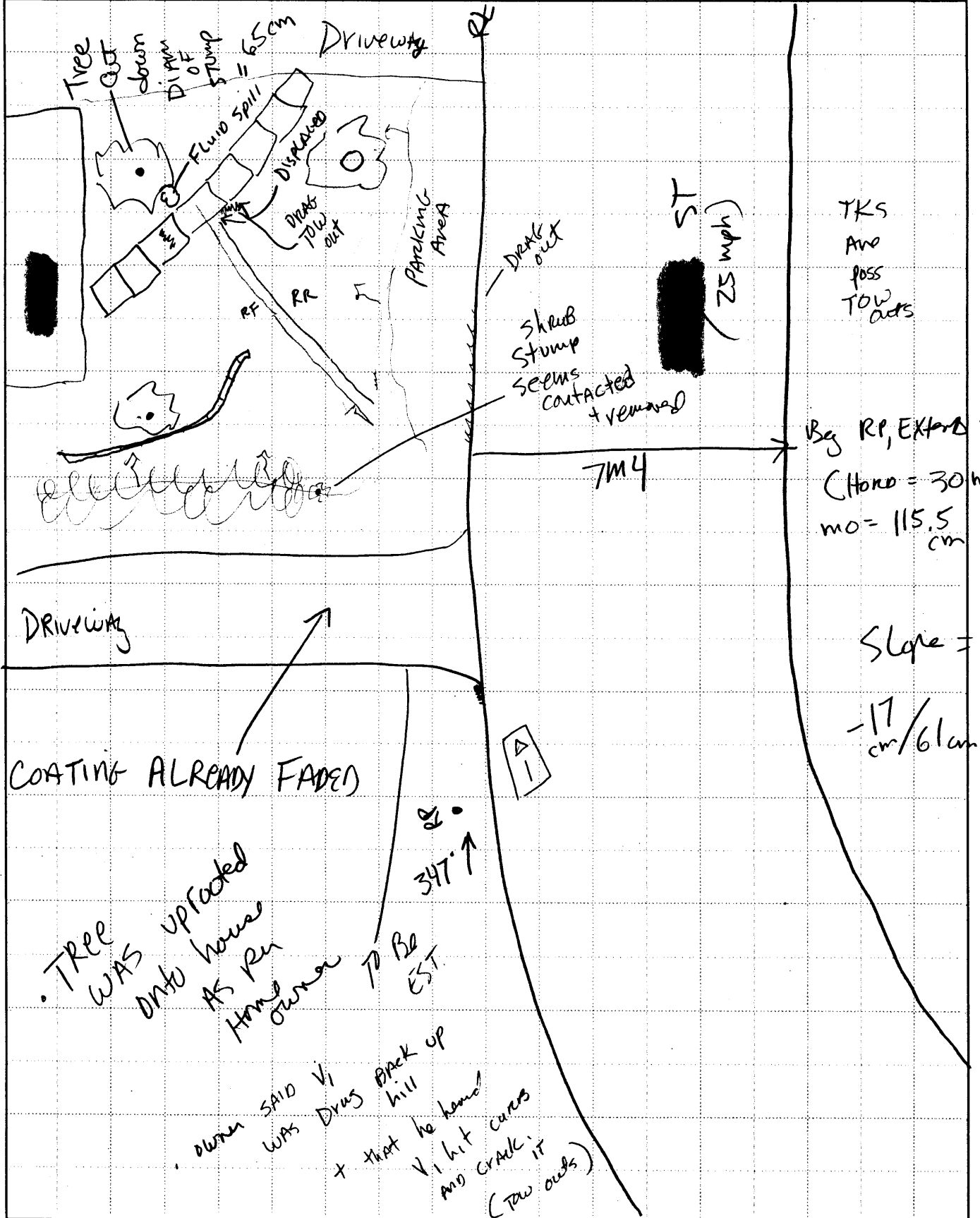


ACCIDENT COLLISION DIAGRAM

PSU No. 08

Case Number - Stratum 133A

Indicate North



INCIDENT [REDACTED]

COUNTERCLOCK ROTATION FOLLOWING IMPACT →

ROLLING TIRE PRINT IN DRIVEWAY

SCUFF MARK ON CURB INDICATIVE POINT WHERE VEHICLE FIRST LEFT ROADWAY

[REDACTED] DRIVE

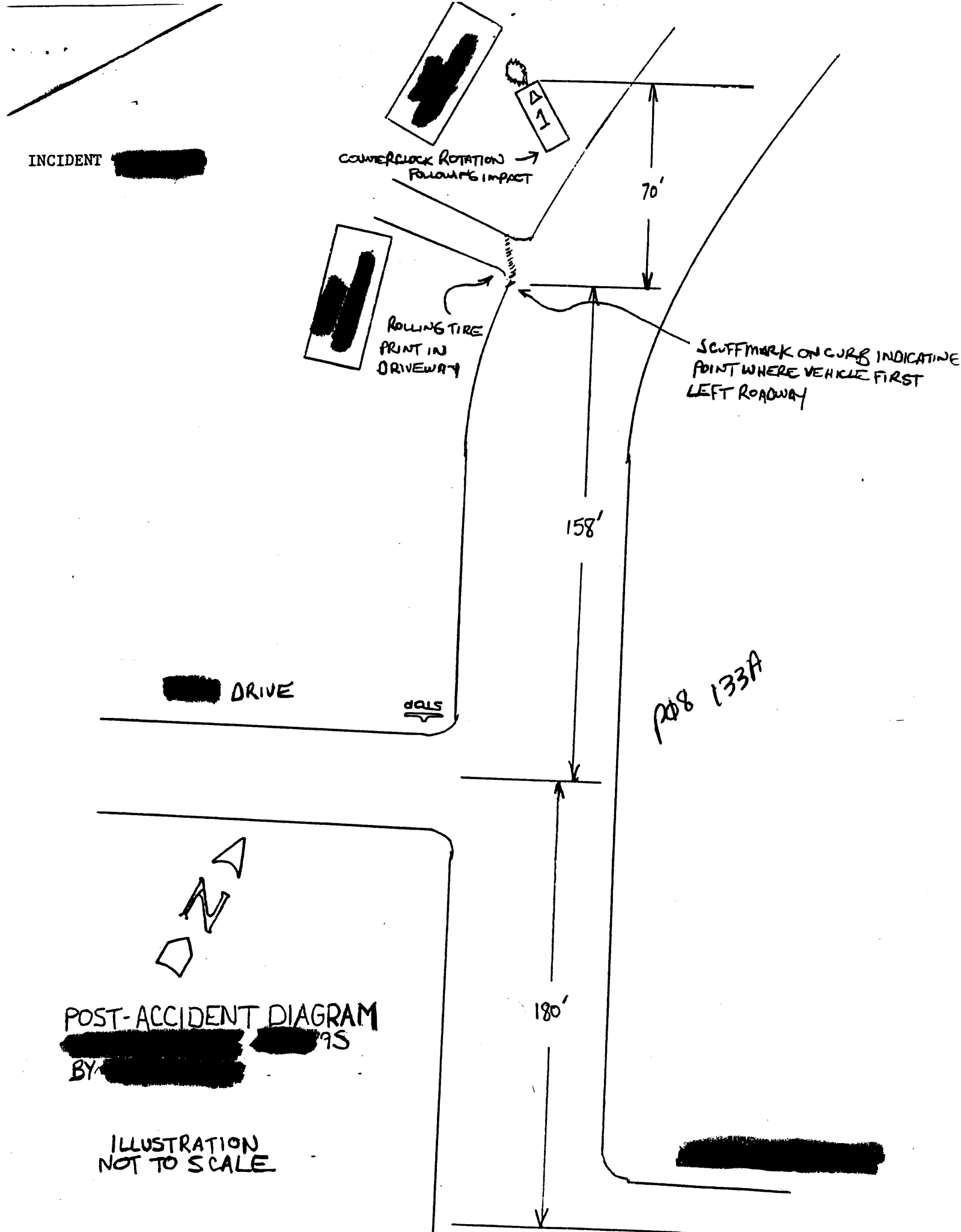
DOCS

POB 133A

POST-ACCIDENT DIAGRAM

BY [REDACTED] 95

ILLUSTRATION NOT TO SCALE



POI 2
W/TREE

HOUSE

DRIVEWAY

(40KPH)

R/O AS TOW OUT
TRACKS

POI 1 W/SHRUB.

DRIVEWAY

HOUSE

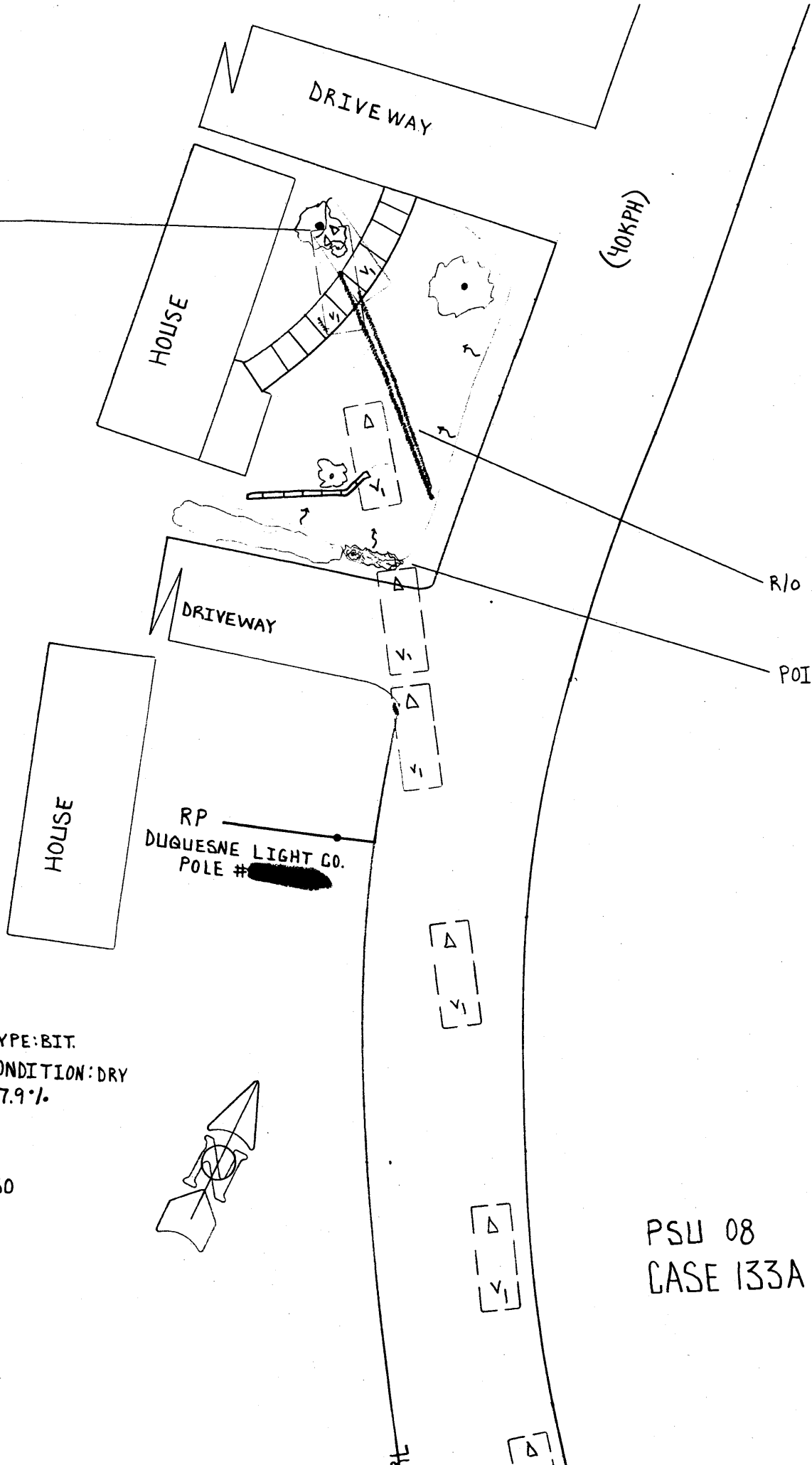
RP
DUQUESNE LIGHT CO.
POLE # [REDACTED]

SURFACE TYPE: BIT.
SURFACE CONDITION: DRY
SLOPE: -27.9%

SCALE: 1/250



PSU 08
CASE 133A





ACCIDENT COLLISION MEASUREMENT TABLE

Primary Sampling Unit Number Q8

Case Number - Stratum 133A

ACCIDENT COLLISION DIAGRAM		CRASH DATA																								
<p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> approximate vehicle orientation at impact and final rest applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) applicable traffic controls (e.g., speed limit) north arrow placed on diagram sketch required 	<p>LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> document reference point and reference line relative to physical features present at the scene scale documentation of all accident induced physical evidence scaled documentation of all roadside objects contacted roadway surface type and condition of applicable roadways grade measurements for all applicable roadways and at location of rollover initiation scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<table border="1"> <thead> <tr> <th></th> <th>VEH. #1</th> <th>VEH. #2</th> <th>VEH. #3</th> </tr> </thead> <tbody> <tr> <td>Heading Angle</td> <td>998</td> <td>=</td> <td>=</td> </tr> <tr> <td>Surface Type</td> <td>BIT.</td> <td>=</td> <td>=</td> </tr> <tr> <td>Surface Condition</td> <td>DRY</td> <td>=</td> <td>=</td> </tr> <tr> <td>Grade (v/h) Measurement (between impact and final rest)</td> <td>-17 cm/6m</td> <td>=</td> <td>=</td> </tr> <tr> <td>Grade (v/h) Measurement (at location of rollover initiation)</td> <td>=</td> <td>=</td> <td>=</td> </tr> </tbody> </table>		VEH. #1	VEH. #2	VEH. #3	Heading Angle	998	=	=	Surface Type	BIT.	=	=	Surface Condition	DRY	=	=	Grade (v/h) Measurement (between impact and final rest)	-17 cm/6m	=	=	Grade (v/h) Measurement (at location of rollover initiation)	=	=	=
	VEH. #1	VEH. #2	VEH. #3																							
Heading Angle	998	=	=																							
Surface Type	BIT.	=	=																							
Surface Condition	DRY	=	=																							
Grade (v/h) Measurement (between impact and final rest)	-17 cm/6m	=	=																							
Grade (v/h) Measurement (at location of rollover initiation)	=	=	=																							
<p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p>																										

Reference Point: [redacted] CO
Pole # [redacted]

Reference line: SW Road Edge of [redacted] ST

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RP	AT	1m 80m SW
V ₁ LF Beg AT Rd edge	6m 10m NW	AT
V ₁ LF ends	6m 6m	30m
Stump of Shrub	12m 90m	4m
V ₁ RF Beg in Grass	16m 2	1m 4
V ₁ RR Beg in Grass	16m 6	1m 6
IP RF	20m 6	5m 4
IP RR	20m 6	4m 9
Scrape to [redacted] Beg	21m 8	8m 6
" " " ends	22m 1	9m 2
RR ends	23m 8	7m 9
RF ends	24m 5	9m
CTR OF Fluid spill	25m 6	9m 5
CTR OF IMPACTED TREE	26m 5	10m 70m



ACCIDENT FORM

1. Primary Sampling Unit Number 08
2. Case Number - Stratum 133A

IDENTIFICATION

3. Number of General Vehicle Forms Submitted 01
4. Date of Accident (Month, Day, Year) / / 93
5. Time of Accident 0813
Code reported military time of accident.
NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS14 Fatal AOPS 1
7. SS15 Administrative Use 0
8. SS16 _____ 0
9. SS17 _____ 0
10. SS18 _____ 0

NUMBER OF EVENTS

11. Number of Recorded Events in This Accident 02
Code the number of events which occurred in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>04</u>	15. <u>F</u>	16. <u>43</u>	17. <u>00</u>	18. <u>0</u>
19. <u>02</u>	20. <u>01</u>	21. <u>04</u>	22. <u>F</u>	23. <u>42</u>	24. <u>00</u>	25. <u>0</u>
26. <u>03</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>04</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>05</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) – Vehicle Number

Noncollision

- (31) Overturn – rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision – details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):
- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

OCCUPANT RELATED

- 16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
- 17. Number of Occupants This Vehicle 0 1
 (00-96) Code actual number of occupants
 for this vehicle
 (97) 97 or more
 (99) Unknown
- 18. Number of Occupant Forms Submitted 0 1

- 24. Rollover 0
 (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

 (5) Rollover--end-over-end (i.e., primarily
 about the lateral axis)
 (9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

- 19. Vehicle Curb Weight 1,550
 (554) Code weight to nearest
 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown

3,425 lbs X .4536 = 1,554 kgs
 Source: [REDACTED]
- 20. Vehicle Cargo Weight 0, 0, 0, 0
 Code weight to nearest
 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

 _____ lbs X .4536 = _____ kgs

VERRIDE/UNDERRIDE (THIS VEHICLE)

- 25. Front Override/Underride (this Vehicle) 0
- 26. Rear Override/Underride (this Vehicle) 0

 (0) No override/underride, or
 not an end-to-end impact

Override (see specific CDC)
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

Underride (see specific CDC)
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

 (7) Medium/heavy truck or bus override
 (9) Unknown

RECONSTRUCTION DATA

- 21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes--towed trailing unit
 (9) Unknown
- 22. Documentation of Trajectory Data
 for This Vehicle 0
 (0) No
 (1) Yes
- 23. Post Collision Condition of Tree or Pole
 (For Highest Delta V) 5
 (0) Not collision (for highest delta V) with
 tree or pole
 (1) Not damaged
 (2) Cracked/sheared (AS PER scene
 evidence)
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

**HEADING ANGLE AT IMPACT FOR
HIGHEST DELTA V**

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

- 27. Heading Angle For This Vehicle 998
- 28. Heading Angle For Other Vehicle 998

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
- (00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
- (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
- (1) White (non-Hispanic)
- (2) Black (non-Hispanic)
- (3) White (Hispanic)
- (4) Black (Hispanic)
- (5) American Indian, Eskimo or Aleut
- (6) Asian or Pacific Islander
- (8) Other (specify): _____
- (9) Unknown

9

58. Vehicle Special Use (This Trip)

- (0) No special use
- (1) Taxi
- (2) Vehicle used as school bus
- (3) Vehicle used as other bus
- (4) Military
- (5) Police
- (6) Ambulance
- (7) Fire truck or car
- (8) Other (specify): _____
- (9) Unknown

0

ROLLOVER DATA

If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank.
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
- (1) Trip-over
- (2) Flip-over
- (3) Turn-over
- (4) Climb-over
- (5) Fall-over
- (6) Bounce-over
- (7) Collision with another vehicle
- (8) Other rollover initiation type specify): _____
- (9) Unknown rollover initiation type

0

60. Location of Rollover Initiation

- (0) No rollover
- (1) On roadway
- (2) On shoulder—paved
- (3) On shoulder—unpaved
- (4) On roadside or divided trafficway median
- (9) Unknown

0

61. Rollover Initiation Object Contacted

0 0

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

0

- (0) No rollover
- (1) Wheels/tires
- (2) Side plane
- (3) End plane
- (4) Undercarriage
- (5) Other location on vehicle (specify): _____
- (8) Non-contact rollover forces (specify): _____
- (9) Unknown

63. Direction of Initial Roll

0

- (0) No rollover
- (1) Roll right - primarily about the longitudinal axis
- (2) Roll left - primarily about the longitudinal axis
- (5) End-over-end (i.e., primarily about the lateral axis)
- (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

13

- (01) Going straight
- (02) Slowing or stopping in traffic lane
- (03) Starting in traffic lane
- (04) Stopped in traffic lane
- (05) Passing or overtaking another vehicle
- (06) Disabled or parked in travel lane
- (07) Leaving a parking position
- (08) Entering a parking position
- (09) Turning right
- (10) Turning left
- (11) Making a U-turn
- (12) Backing up (other than for parking position)
- (13) Negotiating a curve
- (14) Changing lanes
- (15) Merging
- (16) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (98) No driver present
- (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number <u>08</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>133A</u>	

VEHICLE IDENTIFICATION

VIN 1C3XVG6R8ND [REDACTED] Model Year 92
 Vehicle Make (specify): CHRYSLER Vehicle Model (specify): FIFTH AVENUE NEW YORKER
4DR

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage \odot of	Location of Field L
$\phi 2$	beg LF core corner \odot ; beg 6cm cm \odot	ENTIRE FRONT PLANE
$\phi 1$	Entire Front Bumper	Entire Front Bumper

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).
 • MEAS. TO FRONT CORE SUPPORT DUE TO SEPARATED CONDITION OF FRONT BUMPER
 Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance \rightarrow MEAS. OFF CORE between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	$\pm D$
		Width (CDC)	Max Crush								
$\phi 2$	Front Core Support	63*	109.5	134	103	102.5	75.5	53.1	40	34.75	-37.5 cm
	FS		33		33	33	33	33	33	33	
	Resultant		76.5		70	69.5	42.5	20.1	7	1.75	
$\phi 1$	Front Bumper	153		134							ϕ
		\downarrow MEAS. OFF BUMPER									
		Entire Front Bumper was contacted by shrub.									
		* Pocket of Damage									

(CTR = Center) \rightarrow = Extends

MEAS. STRAIGHT ACROSS w/ PLUMB

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>1</u> <u>0</u> <u>9.5</u>	inches	x 2.54	=	<u>2</u> <u>7</u> <u>8</u>	cm
Overall Length	<u>1</u> <u>9</u> <u>8.6</u>	inches	x 2.54	=	<u>5</u> <u>0</u> <u>4</u>	cm
Maximum Width	<u>6</u> <u>8.9</u>	inches	x 2.54	=	<u>1</u> <u>7</u> <u>5</u>	cm
Curb Weight	<u>3,425</u>	pounds	x .4536	=	<u>1,554</u>	kg
Average Track	<u>57.6</u>	inches	x 2.54	=	<u>146</u>	cm
Front Overhang	<u>43.3</u>	inches	x 2.54	=	<u>110</u>	cm
Rear Overhang	<u>45.8</u>	inches	x 2.54	=	<u>116</u>	cm
Undeformed End Width	<u> </u>	inches	x 2.54	=	<u>160</u>	cm
Engine Size: cyl./displ.	<u> </u>	cc	x .001	=	<u>3.3</u>	L
	<u> </u>	CID	x .0164	=	<u> </u>	L

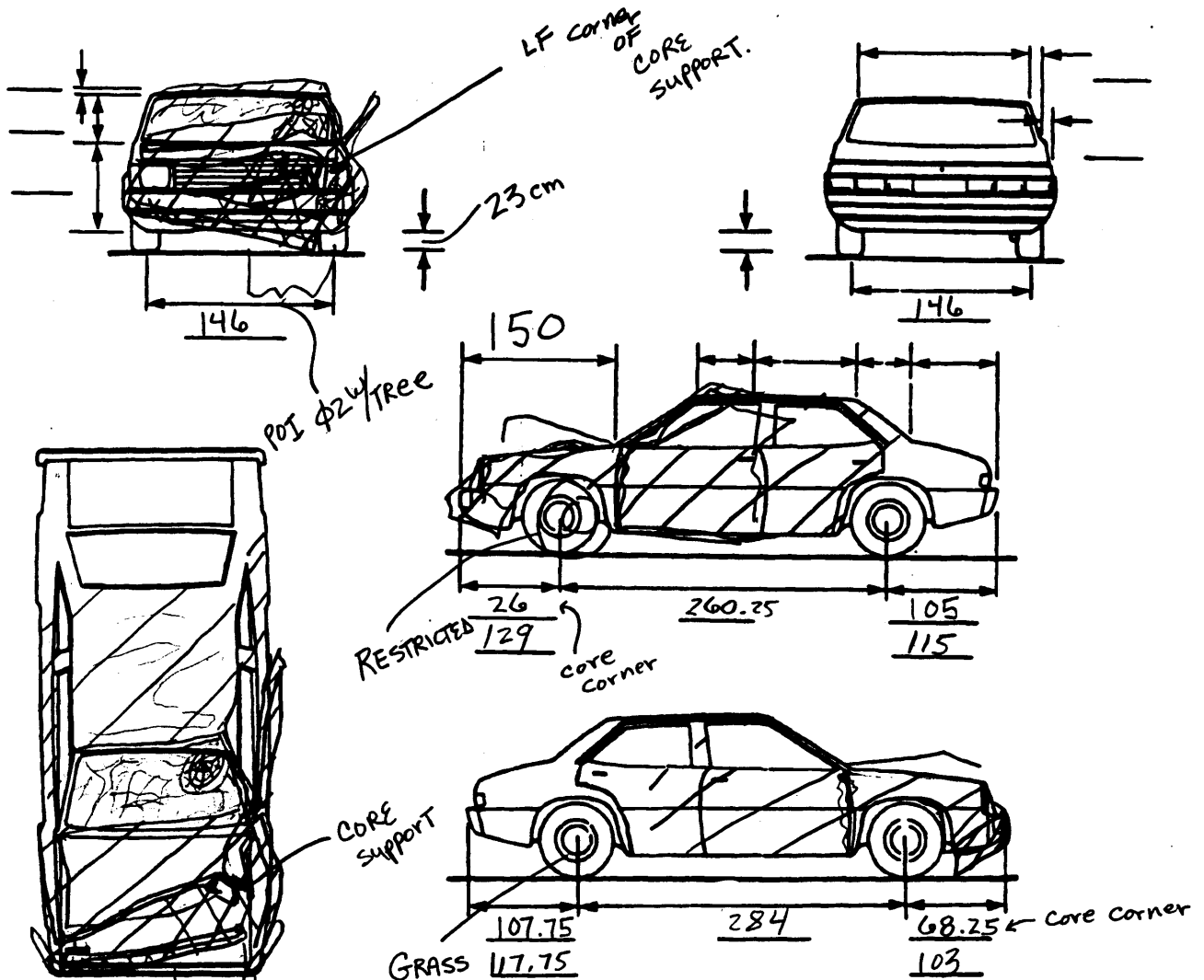
FT = 57.6 x 2.54 = 146
RT = 57.6 x 2.54 = 146

National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form

VEHICLE DAMAGE SKETCH

<p>TIRE - WHEEL DAMAGE</p> <p>a. Rotation physically restricted</p> <p>RF <u>(1)</u> <i>JUST BARELY</i></p> <p>LF <u>1</u></p> <p>RR <u>2</u></p> <p>LR <u>2</u></p> <p>b. Tire deflated</p> <p>RF <u>2</u></p> <p>LF <u>2</u></p> <p>RR <u>2</u></p> <p>LR <u>2</u></p> <p>(1) Yes (2) No (8) NA (9) Unk.</p>	<p>ORIGINAL SPECIFICATIONS</p> <p>Wheelbase <u>278</u> cm</p> <p>Overall Length <u>504</u> cm</p> <p>Maximum Width <u>175</u> cm</p> <p>Curb Weight <u>1554</u> kg</p> <p>Average Track <u>146</u> cm</p> <p>Front Overhang <u>110</u> cm</p> <p>Rear Overhang <u>116</u> cm</p> <p>Undeformed End Width <u>160</u> cm</p> <p>Engine Size: cyl./displ. <u>V6 3.3</u> L</p>	<p>WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only)</p> <p>RF \odot <u>3</u> \circ</p> <p>LF \odot <u>14</u> \circ</p> <p>RR \pm <u> </u> \circ</p> <p>LR \pm <u> </u> \circ</p> <p>Within \pm 5 degrees</p>
<p>TYPE OF TRANSMISSION</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>DRIVE WHEELS</p> <p><input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD</p> <p>Approximate Cargo Weight <u>0</u> kg</p>	

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

POI 41



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 08
 2. Case Number - Stratum 133A
 3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00
 (00) No integrity loss

Yes, Integrity Was Lost Through
 (01) Windshield
 (02) Door (side)
 (03) Door/hatch (back door)
 (04) Roof
 (05) Roof glass
 (06) Side window
 (07) Rear window (backlight)
 (08) Roof and roof glass
 (09) Windshield and door (side)
 (10) Windshield and roof
 (11) Side and rear window (side window and backlight)
 (12) Windshield and side window
 (13) Door and side window
 (98) Other combination of above (specify):
 (99) Unknown

THERE ARE SIGNS THAT TOP OF LF DOOR FRAME WAS PRYED OUT.

no signs of pry

Wait reclose once initially opened

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 1 7. LR 3 8. RR 1 9. TG/H 0

(0) No door/gate/hatch
 (1) Door/gate/hatch remained closed and operational
 (2) Door/gate/hatch came open during collision
 (3) Door/gate/hatch jammed shut
 (8) Other (specify):
 (9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision
 (1) Door operational (no damage)
 (2) Latch/striker failure due to damage
 (3) Hinge failure due to damage
 (4) Door structure failure due to damage
 (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
 (6) Latch/striker and hinge failure due to damage
 (8) Other failure (specify):
 (9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0
 20. BL 0 21. Roof 8 22. Other 0

(0) No glazing damage from impact forces
 (2) Glazing in place and cracked from impact forces
 (3) Glazing in place and holed from impact forces
 (4) Glazing out-of-place (cracked or not) and not holed from impact forces
 (5) Glazing out-of-place and holed from impact forces
 (6) Glazing disintegrated from impact forces
 (7) Glazing removed prior to accident
 (8) No glazing
 (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 2 24. LF 0 25. RF 0 26. LR 0 27. RR 0
 28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing
 (1) Glazing contacted by occupant but no glazing damage
 (2) Glazing in place and cracked by occupant contact
 (3) Glazing in place and holed by occupant contact
 (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
 (5) Glazing out-of-place by occupant contact and holed by occupant contact
 (6) Glazing disintegrated by occupant contact
 (9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
 36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing
 (1) AS-1 - Laminated
 (2) AS-2 - Tempered
 (3) AS-3 - Tempered-tinted
 (4) AS-14 - Glass/Plastic
 (8) Other (specify):
 (9) Unknown

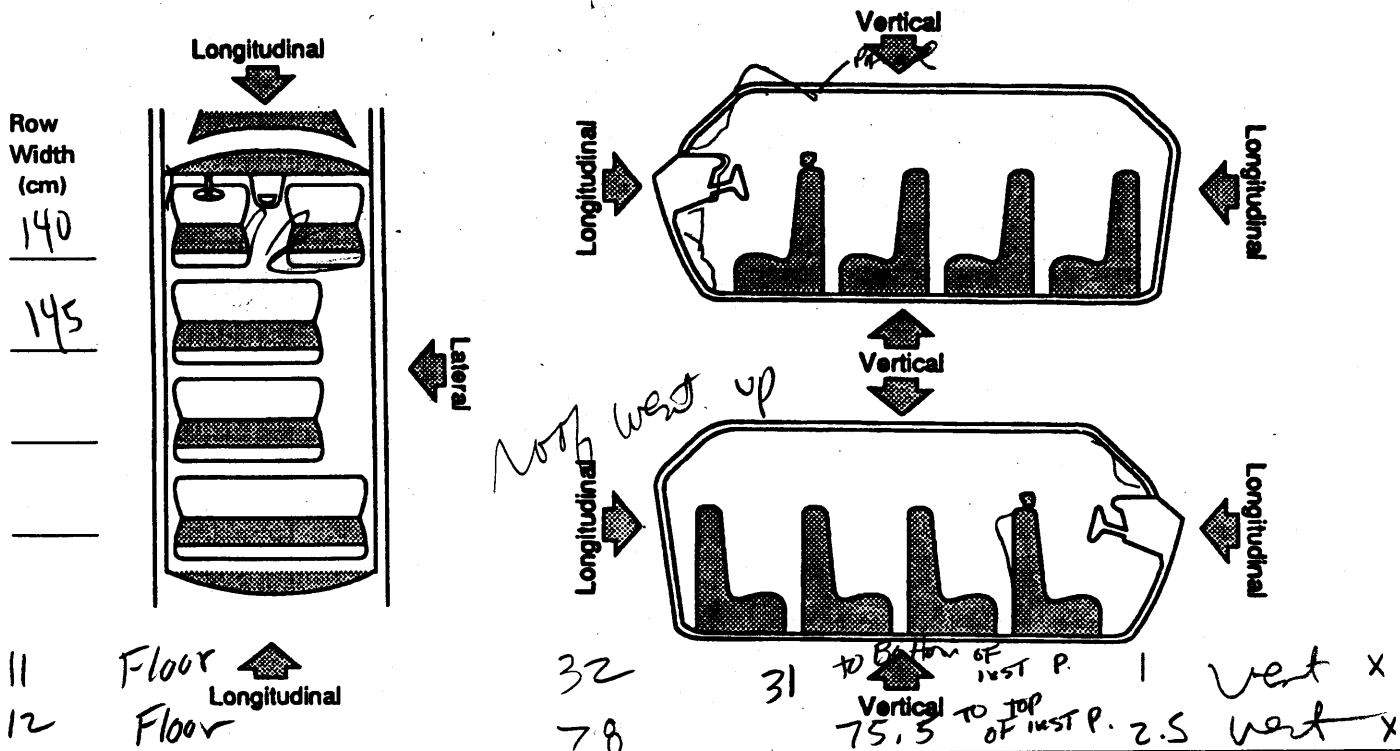
Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
 44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing
 (1) Fixed
 (2) Closed
 (3) Partially opened
 (4) Fully opened
 (9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	(All Measurements Are In Centimeters)	INTRUDED VALUE	INTRUSION	DOMINANT CRUSH DIRECTION
11	TOE PAN	60	-	47 cm to ST TK =	13	Long 2 ✓
11	WS 24 cm down	214	-	206 cm to BASE OF B.L.	8	Long X
11	WS 36 cm down	8	-	AT TOP OF INST P.	8	Vert 6 ✓
11	INST P (L)	73.5	-	64.5 to Front of B-pill	9	Long 5 ✓
11	Side Surf.	131	-	129 to side surf plastic	2	LAT X
11	A-pill lower	131	-	136 " " " " "	1	LAT X
11	ST COL Hump	184.5	-	184.5 DIA. to BASE OF BL	0	Long X
12	TOE PAN on square hump face	56	-	39 to st TK =	17	Long 1 ✓
12	WS 24 cm down	214	-	206 cm to BASE OF BL.	8	Long X
12	WS 36 cm down	10.5	-	(SAME AS 11) AT =	10.5	Vert 4 ✓
13	WS 36 cm down	14	-	7 cm Above TOP OF INST P.	7	Vert 7 ✓
13	WS 24 cm down	215	-	220 to BASE OF WS	-5	Long X
11	Side rail Panel	0	-	2 down =	2	Vert X
12	A-pill (L) chr rest (R) chr	62	-	55 to (R) rest (L) rest	7	LAT 8 ✓
12	(R) chr rest "	54	-	42 " " " "	12	LAT 3 ✓
22	RF ST BK	~89	-	84 to 2nd st surf. inner BK	5	Long 9 ✓
23	RF ST BK	~89	-	86 " " " "	3	Long 10 ✓

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left ✓
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan ✓
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield ✓✓
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back ✓
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify): ✓
 (R) Center Arm REST 26A (L) Center Arm REST
- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. 1 2	48. 05	49. 3	50. 2
2nd	51. 1 1	52. 05	53. 2	54. 2
3rd	55. 1 2	56. 26	57. 2	58. 3
9th 4th	59. 1 2	60. BLANKS 1 1	61. 2	62. 1
5th	63. 1 1	64. 02	65. 2	66. 2
4th 6th	67. 1 1	68. 14	69. 2	70. 1
7th	71. 1 3	72. 14	73. 1	74. 1
10th 8th	75. 1 2	76. BLANKS 26(A)	77. 1	78. 3
6th 9th	79. 2 2	80. 1 9	81. 1	82. 2
8th 10th	83. 2 3	84. 1 9	85. 1	86. 2

LOCATION OF INTRUSION

- | | |
|--|---|
| Front Seat
(11) Left
(12) Middle
(13) Right | Fourth Seat
(41) Left
(42) Middle
(43) Right |
| Second Seat
(21) Left
(22) Middle
(23) Right | (97) Catastrophic
(98) Other enclosed area (specify)
(99) Unknown |
| Third Seat
(31) Left
(32) Middle
(33) Right | |

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	-	DAMAGE VALUE	=	DEFORMATION
1.5 Above	-	TOP 1/2	=	
HUB	-	14.25 cm	=	15.75
	-		=	
	-		=	
	-		=	

STEERING COLUMN

87. Steering Column Type 2
 (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):
 (9) Unknown

88. Blank X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

89. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

90. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

91. Blank X X X
 (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.)

92. Steering Rim/Spoke Deformation 15
 15.75 Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

93. Location of Steering Rim/Spoke Deformation φ 5
 (00) No steering rim deformation

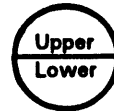
Quarter Sections

- (01) Section A
- (02) Section B
- (03) Section C
- (04) Section D



Half Sections

- (05) Upper half of rim/spoke
- (06) Lower half of rim/spoke
- (07) Left half of rim/spoke
- (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
- (10) Undetermined location
- (99) Unknown

INSTRUMENT PANEL

94. Odometer Reading φ 28,000

27,965 kilometers—Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

17,377 miles X 1.6093 = 27,965 kilometers

Source: [REDACTED]

95. Instrument Panel Damage from Occupant Contact? 1
 (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? φ
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

LARGE SCUFFS ARE PRESENT However.

97. Did Glove Compartment Door Open During Collision(s)? 1
 (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

• Won't RE-CLOSE

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F I R S T	Availability/Function	/	/
	Deployment	/	/
	Failure	/	/

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Did Air Bag System Fail?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	/	/
	Use	/	/
	Type	/	/
	Proper Use	/	/
	Failure Modes	/	/

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

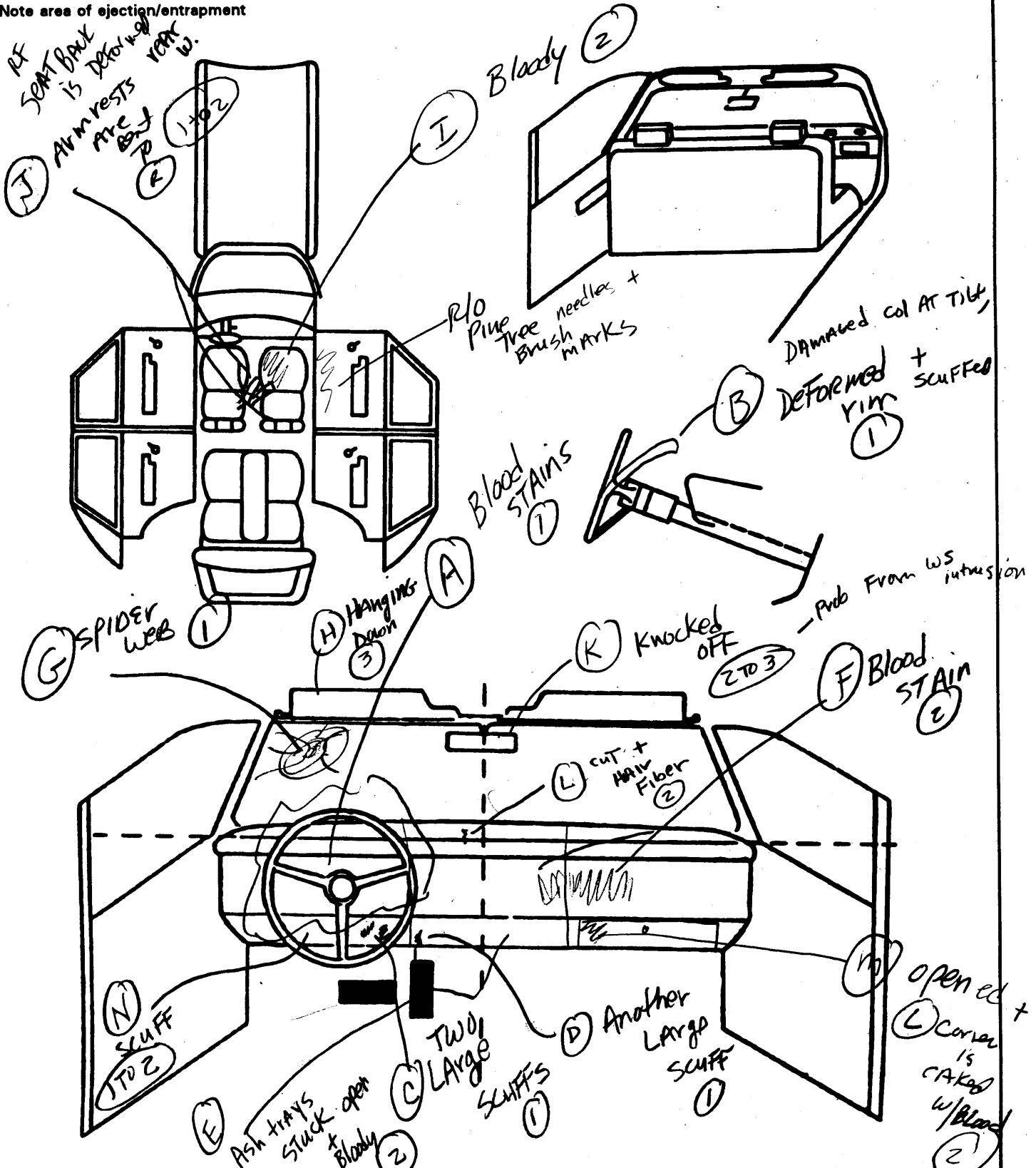
Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

RF SEAT BACK is deformed
Arm rests are bent
Rear W.



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	45	Φ1	CHEST, FACE	BLOOD STAINS, DEPLOYED	1
B	Φ6	Φ1	CHEST, FACE	SCUFFED + DEFORMED RIM, COL. DAMAGED AT TILT JOINT	1
C	13	Φ1	(R) Knee	TWO LARGE SCUFFS to lower (R) Portion	1
D	1Φ	Φ1	(R) Knee	Another Large SCUFF	1
E	1Φ	Φ1	(R) KNEE, THIGH	Ash TRAYS STUCK OPEN + BLOODY	2
F	10/11	Φ1	Upper Body	Blood stain - LARGE	2
G	Φ1	Φ1	HEAD	SPIDER WEB	1
H	Φ3	Φ1	HEAD	LF VISOR IS HANGING Down	3
I	4Φ	Φ1	Upper Body	RF SEAT CUSHION IS BLOOD SATURATED	2
J	4Φ	Φ1	(R) Hip, Shoulder	RF SEATBACK IS DEFORMED. CTR ARMRESTS REAR W. ARE BENT TO (R)	1 TO 2
K	Φ2	Φ1	(R) ARM, FACE	Knocked OFF	2 to 3
L	1Φ	Φ1	FACE, (R) ARM	PANEL MATERIAL IS CUT AND HAS A HAIR FIBER ATTACHED	2
M	12	Φ1	Upper Body	OPENED, AND (L) corner is CAKED w/ Blood	2
N	13	Φ1	(L) Knee	SCUFF to Lower (L) Portion	1 to 2

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
 - (24) Other left pillar (specify): _____
 - (25) Left side window glass or frame
 - (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 - (27) Other left side object (specify): _____
 - (28) Left side window sill
- RIGHT SIDE**
- (30) Right side interior surface, excluding hardware or armrests
 - (31) Right side hardware or armrest
 - (32) Right A (A1/A2)-pillar
 - (33) Right B-pillar
 - (34) Other right pillar (specify): _____
 - (35) Right side window glass or frame
 - (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
 - (37) Other right side object (specify): _____
 - (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____
 - (47) Interior loose objects
 - (48) Child safety seat (specify): _____
 - (49) Other interior object (specify): _____
- ROOF**
- (50) Front header
 - (51) Rear header
 - (52) Roof left side rail
 - (53) Roof right side rail
 - (54) Roof or convertible top
- FLOOR**
- (56) Floor (including toe pan)
 - (57) Floor or console mounted transmission lever, including console
 - (58) Parking brake handle
 - (59) Foot controls including parking brake
- REAR**
- (60) Backlight (rear window)
 - (61) Backlight storage rack, door, etc.
 - (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page. *PAST USE, BUT CONTACTS would R/O USE in this COLLISION.*

		Left	Center	Right
FIRST	Availability	4	3 Beh.	4 *
	Use	∅∅	∅∅ seat	∅∅
	Failure Modes	∅	∅	∅
SECOND	Availability	4 *	3 under	4 *
	Use	∅∅	∅∅ seat	∅∅
	Failure Modes	∅	∅	∅
THIRD	Availability	/		
	Use			
	Failure Modes			
OTHER	Availability	/		
	Use			
	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

** PAST USE - not in this collision.*

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	Φ	3
	Seat Type	Φ6	Φ6	Φ6
	Seat Performance	1	5	5
	Seat Orientation	1	1	1
S E C O N D	Head Restraint Type/Damage	Φ	Φ	Φ
	Seat Type	Φ3	Φ3	Φ3
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage	/		
	Seat Type	/		
	Seat Performance	/		
	Seat Orientation	/		
O T H E R	Head Restraint Type/Damage	/		
	Seat Type	/		
	Seat Performance	/		
	Seat Orientation	/		

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (1) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

(8) Other area (e.g., back of pickup, etc.) (specify): _____

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

(5) Integral structure

(8) Other medium (specify): _____

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) Φ 6

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) L

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown



OCCUPANT INJURY FORM

1. Primary Sampling Unit Number <u>08</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>133A</u>	4. Occupant Number <u>01</u>

INJURY DATA

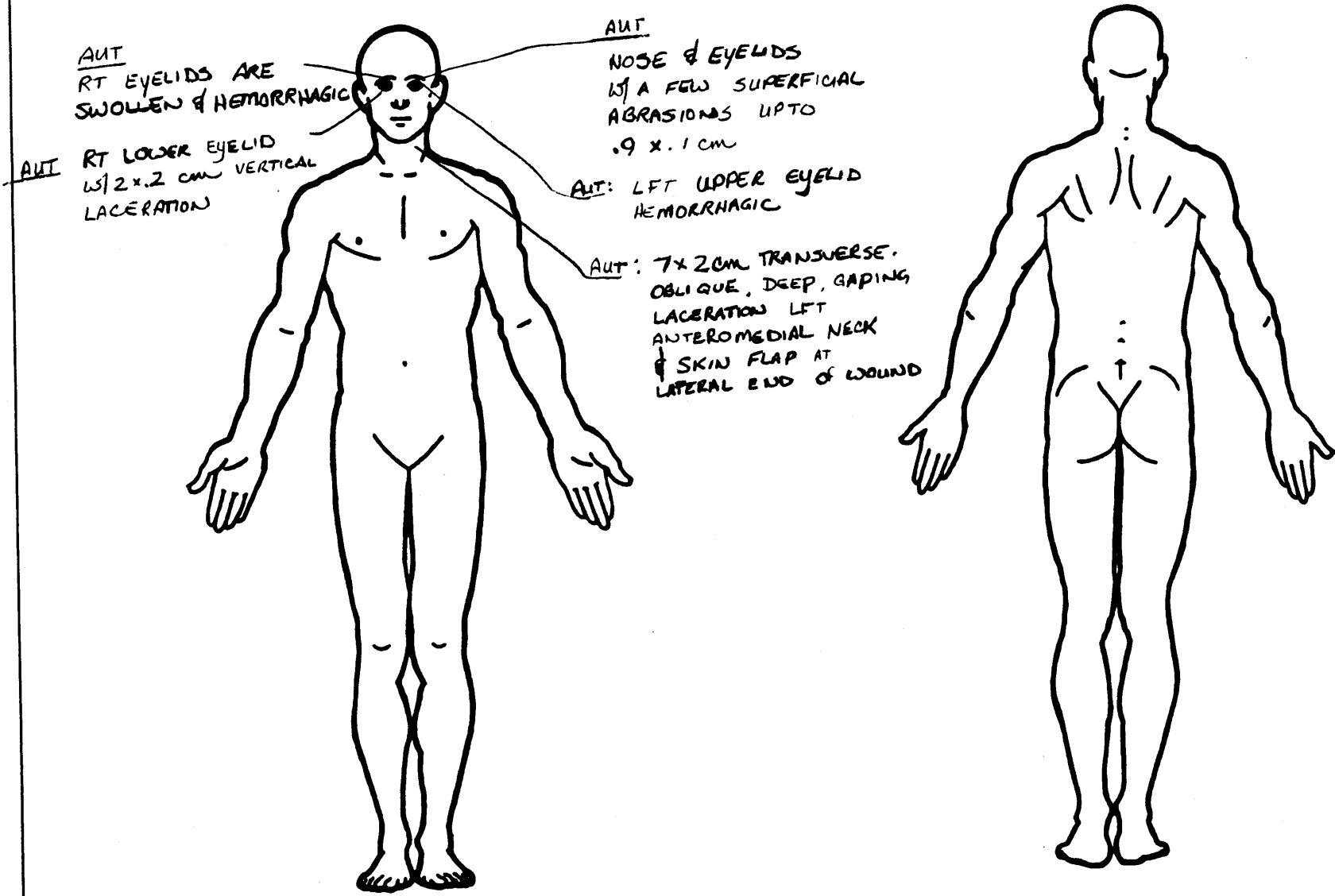
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S.							Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
② eye laceration	1st	5. <u>1</u>	6. <u>2</u>	7. <u>9</u>	8. <u>76</u>	9. <u>00</u>	10. <u>1</u>	11. <u>1</u>	12. <u>45</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
② eye abrasion	2nd	16. <u>1</u>	17. <u>2</u>	18. <u>9</u>	19. <u>72</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>45</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
② eye abrasion	3rd	27. <u>1</u>	28. <u>2</u>	29. <u>9</u>	30. <u>72</u>	31. <u>02</u>	32. <u>1</u>	33. <u>2</u>	34. <u>45</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
nose abrasion	4th	38. <u>1</u>	39. <u>2</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>4</u>	45. <u>45</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
③ neck deep laceration	5th	49. <u>1</u>	50. <u>3</u>	51. <u>9</u>	52. <u>08</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>10</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
low cervical fracture	6th	60. <u>1</u>	61. <u>6</u>	62. <u>5</u>	63. <u>02</u>	64. <u>30</u>	65. <u>2</u>	66. <u>6</u>	67. <u>10</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
sternum fracture	7th	71. <u>1</u>	72. <u>4</u>	73. <u>5</u>	74. <u>08</u>	75. <u>04</u>	76. <u>2</u>	77. <u>4</u>	78. <u>45</u>	79. <u>1</u>	80. <u>1</u>	81. <u>00</u>
sternum fracture	8th	82. <u>1</u>	83. <u>4</u>	84. <u>5</u>	85. <u>08</u>	86. <u>04</u>	87. <u>2</u>	88. <u>4</u>	89. <u>45</u>	90. <u>1</u>	91. <u>1</u>	92. <u>00</u>
③ 2nd-8th rib fractures	9th	93. <u>1</u>	94. <u>4</u>	95. <u>5</u>	96. <u>02</u>	97. <u>42</u>	98. <u>5</u>	99. <u>3</u>	100. <u>45</u>	101. <u>1</u>	102. <u>1</u>	103. <u>00</u>
③ lung contusion	10th	104. <u>1</u>	105. <u>4</u>	106. <u>4</u>	107. <u>14</u>	108. <u>10</u>	109. <u>4</u>	110. <u>3</u>	111. <u>45</u>	112. <u>1</u>	113. <u>1</u>	114. <u>00</u>

Injury sources observed with EB, WP, TS.

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Specific Anatomic Structure

- Whole Area
- (02) Skin - Abrasion
 - (04) Skin - Contusion
 - (08) Skin - Laceration
 - (08) Skin - Avulsion
 - (10) Amputation
 - (20) Burn
 - (30) Crush
 - (40) Degloving
 - (50) Injury - NFS
 - (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable) injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

AUT

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?
 No
 Yes

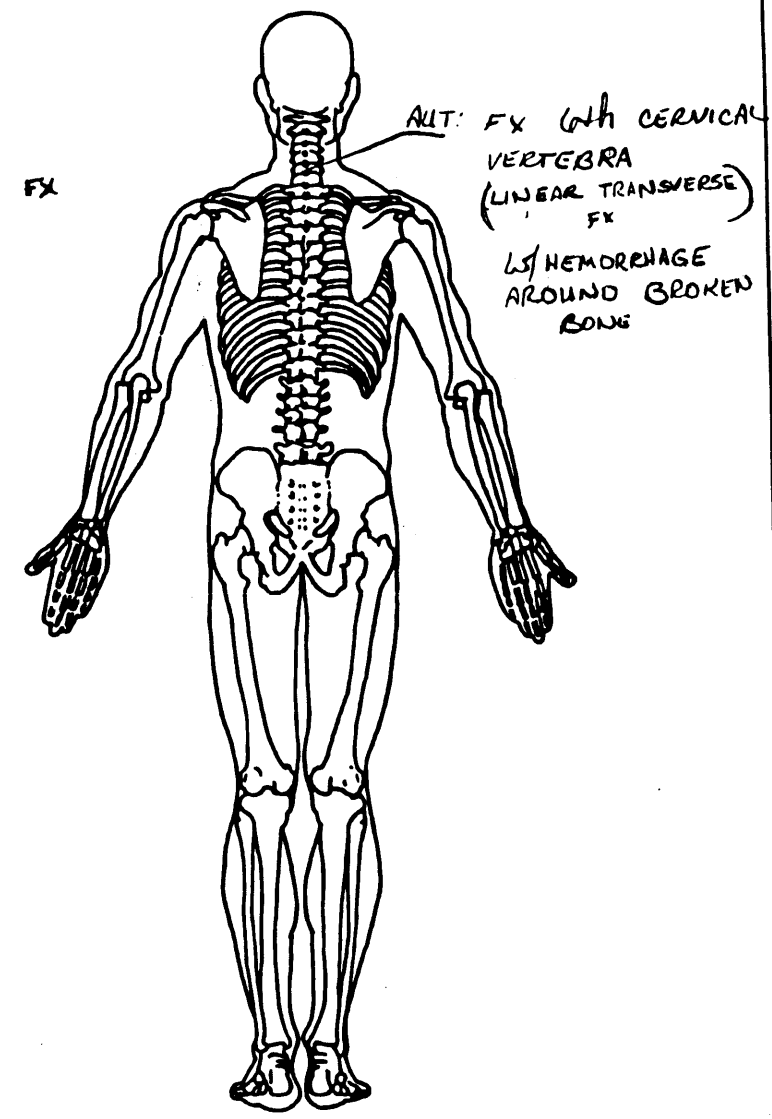
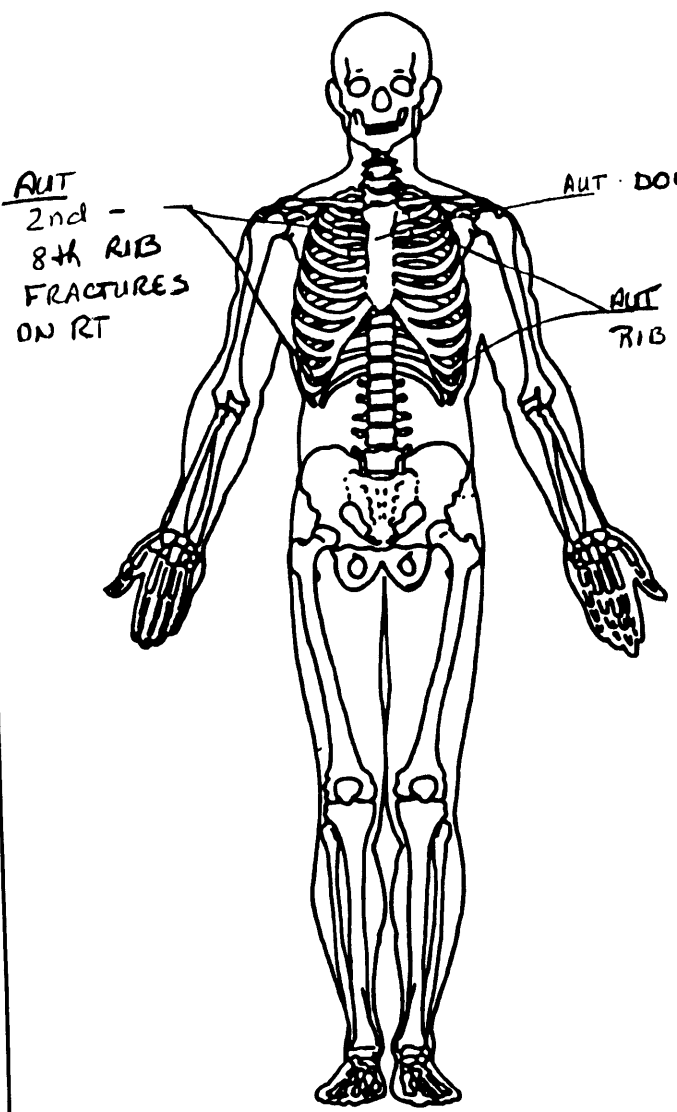
Blood Alcohol Level (mg/dl)
BAL = 0

Glasgow Coma Scale Score
GCS =

Units of Blood Given
Units =

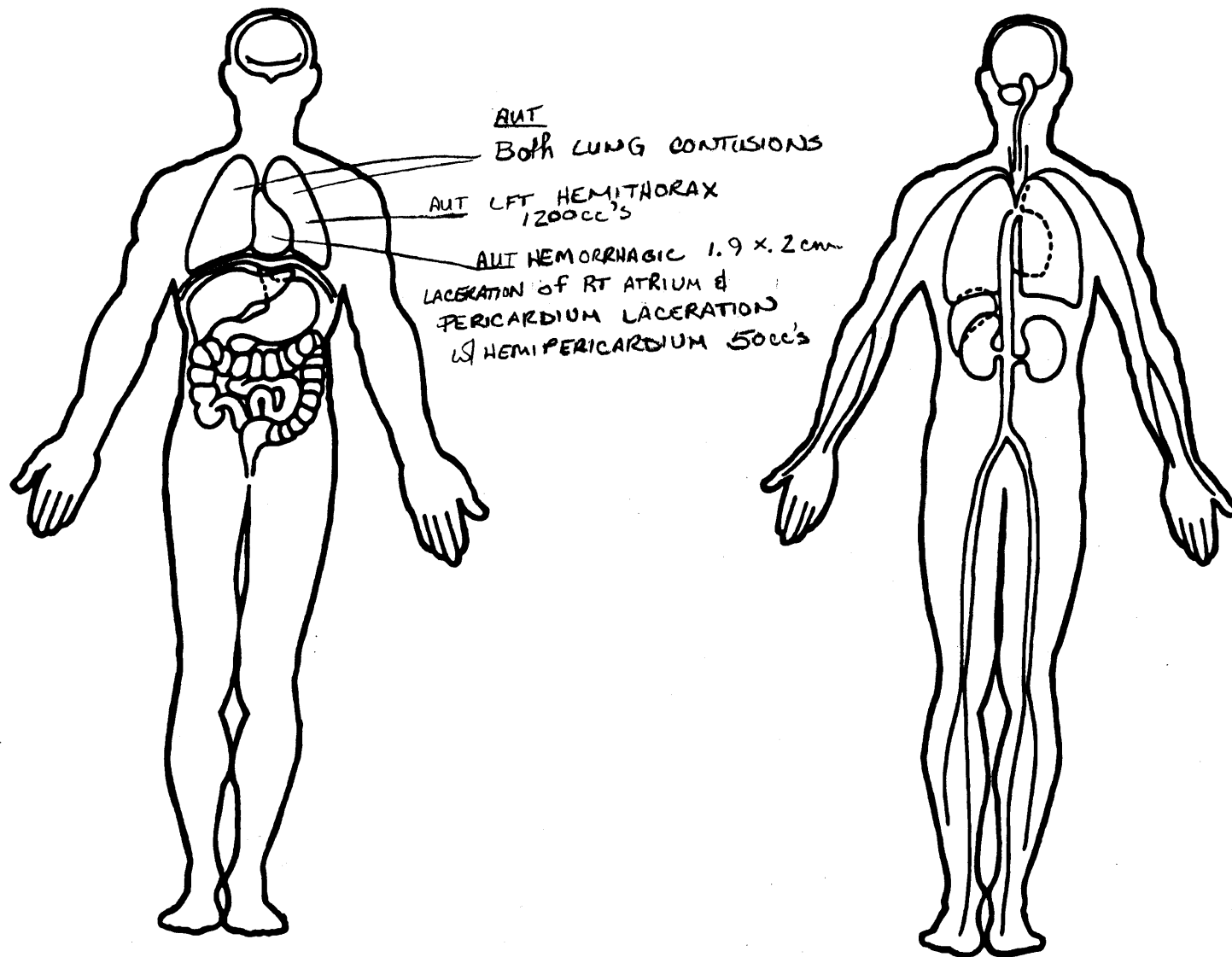
Arterial Blood Gases
pH =
PO₂ =
PCO₂ =
HCO₃ =

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





UPDATE FORM

1. Primary Sampling Unit Number	<u>08</u>	Driver or Occupant Name: <u>[REDACTED]</u>
2. Case Number -- Stratum	<u>133A</u>	Address: <u>[REDACTED]</u>
3. Vehicle Number	<u>01</u>	<u>[REDACTED], PA [REDACTED]</u>
4. Occupant Number	<u>01</u>	Other Information: _____

[REDACTED] 1993 OUT

(Sanitize this section prior to Update submission.)

STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	<u>[REDACTED]</u> <u>[REDACTED]</u> <u>193</u>	
OAL09. Date Official Medical Data Obtained	<u>[REDACTED]</u> <u>[REDACTED]</u> <u>193</u>	
OAL16. Injury Treatment Status	<u>2</u>	<u>2</u>
OAL17. Injury Information		
<u>Official</u>		
a. Autopsy (invasive examination)	<u>B</u> <u>08</u>	<u>11</u>
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u> _____	_____
c. Admission record/summary or admission/discharge face sheet	<u>B</u> _____	_____
d. Discharge summary	<u>B</u> _____	_____
e. Operative report	<u>B</u> _____	_____
f. Radiographic record(s) post ER visit	<u>B</u> _____	_____
g. History and physical examination and/or consultation records	<u>B</u> _____	_____
h. Emergency room records	<u>B</u> <u>02</u>	<u>02</u>
i. Radiographic record(s) associated with ER visit	<u>B</u> _____	_____
j. Private physician	<u>B</u> _____	_____
<u>Unofficial</u>		
k. Lay coroner	<u>B</u> _____	_____
l. EMS record	<u>B</u> _____	_____
m. Interviewee	<u>B</u> <u>10</u>	<u>10</u>
n. Other source (specify): _____	<u>B</u> _____	<u>B</u> _____
o. Police report	<u>B</u> <u>11</u>	<u>B</u> <u>11</u>

OAL18. Medical Facility Code 02 02

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

11

INTRA ERRORS

S VEHICLE IS INDICATED AS HAVING AN AIRBAG. *****
YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE *****
ABILITY/FUNCTION OA21 equals 1-3.

OHH1281 2 ***** THI
HH1282 ***** CHECK
HH1283 AIR BAG AVAI

0

OCCUPANT INJURY Vehicle: 1 Occupant: 1

11

INTRA ERRORS

SE SHOWS A RESTRAINT AS THE INJURY SOURCE *****
FOR AN AIS-2 (OR GREATER) INJURY. *****
R ACCURATE AND COMPLETED DOCUMENTS & DATA *****
I12(n) equals 41, 42, 43 or 45 and A.I.S.
) is greater than 1.

OTT0541 2 ***** THIS CA
TT0542 *****
TT0543 ***** CHECK FO
TT0544 INJURY SOURCE O
TT0545 SEVERITY OI10(n

TT0541 2 ***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE *****
TT0542 ***** FOR AN AIS-2 (OR GREATER) INJURY. *****
TT0543 ***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA *****
TT0544 INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545 SEVERITY OI10(n) is greater than 1.

TT0541 2 ***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE *****
TT0542 ***** FOR AN AIS-2 (OR GREATER) INJURY. *****
TT0543 ***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA *****
TT0544 INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.
TT0545 SEVERITY OI10(n) is greater than 1.

TT0541	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0542		***** FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0543		***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0544		INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.	
TT0545		SEVERITY OI10(n) is greater than 1.	
TT0541	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0542		***** FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0543		***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0544		INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.	
TT0545		SEVERITY OI10(n) is greater than 1.	
TT0541	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0542		***** FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0543		***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0544		INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.	
TT0545		SEVERITY OI10(n) is greater than 1.	
TT0541	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0542		***** FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0543		***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0544		INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.	
TT0545		SEVERITY OI10(n) is greater than 1.	
TT0541	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0542		***** FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0543		***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0544		INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.	
TT0545		SEVERITY OI10(n) is greater than 1.	
TT0541	2	***** THIS CASE SHOWS A RESTRAINT AS THE INJURY SOURCE	*****
TT0542		***** FOR AN AIS-2 (OR GREATER) INJURY.	*****
TT0543		***** CHECK FOR ACCURATE AND COMPLETED DOCUMENTS & DATA	*****
TT0544		INJURY SOURCE OI12(n) equals 41, 42, 43 or 45 and A.I.S.	
TT0545		SEVERITY OI10(n) is greater than 1.	

01

INTER ERRORS

	OEC0091	2	If MORE CDC'S EV26 equals 0 and 1st DEFORMATION LOCATI
ON EV07	EC0092		equals F or B and 1st VERTICAL LOCATION EV09 equals E
and 1st	EC0093		DEFORMATION EXTENT EV11 equals 01-03 and 2nd DEFORMATI
ON	EC0094		LOCATION EV15 equals F or B and 2nd VERTICAL LOCATION
EV17	EC0095		equals E and
	EC0096		2nd DEFORMATION EXTENT EV19 equals 01-03, then INTRUDI
NG	EC0097		COMPONENT IV48(n) should not equal 12-16 or 18. GV=01
EH0011	2		If TREATMENT DA35 equals 1, then 1st DEFORMATION EXTENT EV11
EH0012			should be greater than 03. GV=01 DA=01

PSU08
CASE 133A
CURRENT VERSION: 6.02

ERROR SUMMARY SCREEN

1/1/93

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assesment	0	0	1	Y
Occupant Interior	0	0	10	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	13	



F5U 08-133A (1993) #1



PSU 08-133A (1993) #2



PSU 08-133A (1993) #3



PSU 08-133A (1993) #4



PSU 08-133A (1993) #5



PSU 08-133A (1993) #6



PSU 08-133A (1993) #7



PSU 08-133A (1993) #8



PSU 08-133A (1993) #9



PSU 08-133A (1993) #10



PSU 08-133A (1993) #11



PSU 08-133A (1993) #12



PSU 08-133A (1993) #13



PSU 08-133A (1993) #14



PSU 08-133A (1993) #15



PSU 08-133A (1993) #16



PSU 08-133A (1993) #17



PSU 08-133A (1993) #18



PSU 08-133A (1993) #19



PSU 08-133A (1993) #20



PSU 08-133A (1993) #21



PSU 06-133A (1993) #22
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PSU 08-133A (1993) #23



PSU 09-133A (1993) #24



PSU 08-133A (1993) #25



PSU 08-133A (1993) #26



PSU 08-133A (1993) #27



PSU 08-133A (1993) #28



PSU 08-133A (1993) #29



PSU 08-133A (1993) #30
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**PSU 08-133A (1993) #31
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PSU 08-133A (1993) #32
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PSU 09-133A (1993) #34
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**PSU 08-133A (1993) #66
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**PSU 08-133A (1993) #67
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PSU 08-133A (1993) #68
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PSU 08-133A (1993) #69



PSU 08-133A (1993) #70



PSU 08-133A (1993) #71